



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND  
COVER PAGE

Report must be legible, typed or printed in ink and  
signed by the Treasurer/Designated Record Keeper  
and Official.

FOR OFFICIAL USE ONLY

1a. Legal Defense Fund I.D. Number: L.D.F 014

1b. Legal Defense Fund Name:

**Scott Benson Legal Defense Fund**

1c. Legal Defense Fund Address:

20061 Kelly Rd  
Detroit, MI 48225

1d. Legal Defense Fund Phone: 313-269-1224

2a. Official's Full Name:

**Scott Benson**

2b. Official's Office: **Detroit City Council, 3rd District**

3a. Treasurer's Full Name:

**Scott Benson**

3c. Treasurer's Business Address:  
20061 Kelly Rd  
Detroit, MI 48225

3d. Treasurer's Phone Number(s): 313-269-1224

4a. Quarterly Transaction Report Covering:

☐ January 1 – March 31; Due: April 25th

☐ April 1 – June 30; Due: July 25<sup>th</sup>

☒ July 1 – September 30; Due: October 25th

☐ October 1 – December 31; Due: January 25th

4b. ☐ Amendment to Transaction Report: also mark  
(4a) to indicate which Report is being amended)

5. ☐ Dissolution of Legal Defense Fund:

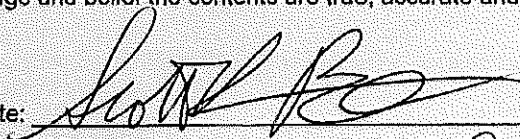
Effective Date of Dissolution

          /          /          

By checking this item, I/We certify that the Legal Defense Fund has no assets or  
outstanding debts, including late filing fees. Note: The disposition of residual  
funds must be reported on Itemized Expenditure Schedule 2 and the Summary  
Page.

6. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to  
the best of my/our knowledge and belief the contents are true, accurate and complete.

Official's Signature and Date:



25 OCT 22

Treasurer's/Designated Record Keeper's Signature and Date:

  
25 OCT 22



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND  
SUMMARY PAGE

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ <u>5,000.00</u>	1b. \$ <u>5,000.00</u>
2. In-Kind Contributions	2a. \$ <u>0.00</u>	2b. \$ <u>0.00</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>5,000.00</u>	3b. \$ <u>5,000.00</u>
4. Itemized Expenditures	4a. \$ <u>5,000.00</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ _____	
6. TOTAL EXPENDITURES	6a. \$ <u>5,000.00</u>	6b. \$ <u>5,420.59</u>
<b>BALANCE STATEMENT</b>		
7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>711.41</u>	
8. Amount received during reporting period (Item 1a.)	8. \$ <u>5,000.00</u>	
9. SUBTOTAL Add lines 7 and 8	9. \$ _____	
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>5,000.00</u>	
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>711.41</u> *	
* The ending balance must always be a positive number.		



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

Clear Form

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1  
LEGAL DEFENSE FUND

1. Legal Defense Fund I.D. Number and Name:

L.D.F 014 Scott Benson Legal Defense Fund

Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: Scott Benson **Loan** 20061 Kelly Rd Detroit, MI 48225 3. Date of Receipt: 09/26/2022 4. If over \$100.00 cumulative, please provide: Occupation: Council Member Employer: City of Detroit Place of Business: 2 Woodward Ave, Detroit, MI		\$ 5,000.00	\$	\$ 5,000.00
2. Name and Address: 3. Date of Receipt: 4. If over \$100.00 cumulative, please provide: Occupation: Employer: Place of Business:		\$	\$	\$
2. Name and Address: 3. Date of Receipt: 4. If over \$100.00 cumulative, please provide: Occupation: Employer: Place of Business:		\$	\$	\$
2. Name and Address: 3. Date of Receipt: 4. If over \$100.00 cumulative, please provide: Occupation: Employer: Place of Business:		\$	\$	\$
2. Name and Address: 3. Date of Receipt: 4. If over \$100.00 cumulative, please provide: Occupation: Employer: Place of Business:		\$	\$	\$
2. Name and Address: 3. Date of Receipt: 4. If over \$100.00 cumulative, please provide: Occupation: Employer: Place of Business:		\$	\$	\$
2. Name and Address: 3. Date of Receipt: 4. If over \$100.00 cumulative, please provide: Occupation: Employer: Place of Business:		\$	\$	\$
Page Subtotal:		\$ 5,000.00	\$	\$ 5,000.00
Grand Total: (Complete on last page of Schedule)		\$ 5,000.00	\$	\$ 5,000.00
Page 1 of 1		Forward to #1 Summary Page	Forward to #2 Summary Page	



ITEMIZED EXPENDITURES SCHEDULE 2 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: <b>L.D.F 014 Scott Benson Legal Defense Fund</b>	
2. Name and address of person or vendor paid	3. Purpose	4. Date	5. Amount
Steven Fishman 615 Griswold St #1125 Detroit, MI 48226	Legal Fees	<u>10/04/2022</u>	\$ <u>5,000.00</u>
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
		Page Subtotal	\$ <u>5,000.00</u>
		Grand Total (Complete on last page of Schedule)	\$ <u>5,000.00</u>
Page 1 of 1			Forward to #3 Summary Page